



Responsible Pet Ownership Summer Camp

SoHumane is hosting a Responsible Pet Ownership Summer Camp at its facility in Medford, Oregon. The first session is for 5th and 6th graders (in the upcoming school year) July 23 - July 27, 2018 from 10:00 am to noon. The cost is \$75.00 for this one week session. The second session is for 7th and 8th graders (in the upcoming school year) July 30 - August 3, 2018 from 10:00 am to noon. The cost is \$75.00 for this one week session.

To be eligible to attend Camp, participants must complete in full, this Registration Form including the Medical Release, Medical Care Authorization, Waiver and Release of Liability from SoHumane and Method of Payment.

Participant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Email: _____

Date of Birth: ____/____/____ Age: ____ What Grade in the Fall: _____

How did you hear about SoHumane Camp? _____

Is this your first visit to SoHumane? Yes _____ No _____

Why are you interested in Responsible Pet Ownership Camp: _____

Parent/Legal Guardian

Name: _____ Relationship: _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Cell: (____) _____ Phone #2: (____) _____

Emergency Contact (Primary):

Name: _____ Relationship: _____

Cell: (____) _____ Phone #2: (____) _____

MEDICAL INFORMATION

Contact Person: _____ Relationship: _____

Contact Person's Phone: (_____) _____

Allergies: _____

Other (bee stings, etc.): _____

Is an Epi-pen required for any allergy? (If so, it is the Participants responsibility to bring the Epi-pen with them to Camp)
Yes _____ No _____

List any Special Needs: _____

RELEASE OF LIABILITY

I hereby release and hold harmless SoHumane, its officers, employees, agents, representatives, volunteers, heirs, executors, and assigns from all liability for personal injury, including death, as well as all property damage or loss arising out of my/my child's participation in this Camp Program and any travel/transportation related to this Camp Program, whether paid for by myself or by SoHumane. I understand that this release and indemnification releases liability for the conduct of SoHumane and its officers, employees, agents, representatives, volunteers, heirs, executors, and assigns.

PHOTO RELEASE

The undersigned gives permission to SoHumane to use photographs and audio and/or video recordings of the Responsible Pet Ownership Camp Participant for fundraising and/or marketing purposes. On occasion, with permission, Participant photographs may be included in promotional videos, websites and/or newsletters. SoHumane respects the privacy of its Responsible Pet Ownership Camp Participants and does not allow unauthorized visitors to photograph or video the camp or its Participants.

PARTICIPATION CONSENT

The undersigned consents to participate in any and all activities, held during Responsible Pet Ownership Camp, except those specifically prohibited by the Participant's physician.

Participant Signature Date: _____

The undersigned gives permission for the Participant to participate in any and all activities at Responsible Pet Ownership Camp, except those specifically prohibited by the participant's physician or parent/legal guardian).

Parent/Guardian Signature Date: _____



1st Session _____ or 2nd Session _____ \$75.00/for _____

METHOD OF PAYMENT: (Please Circle)

Visa MasterCard Discover Cash Check (Please make check out to SoHumane)

Cardholder Name _____ Card Number _____

Exp Date _____ 3 Digit Code on Back of Card _____ Amount: _____

Billing Address _____

Cardholder Signature _____

Please mail completed camp registration form and payment to:

SoHumane, 2910 Table Rock Road, Medford, OR 97501
Attention: Judi - Summer Camp